



**APPLICATION / ALUMNI INFORMATION UPDATE FOR
COMMUNITY EMERGENCY RESPONSE TEAMS**

**Coconino County Sheriff's Office
Bill Pribil Sheriff**

Return this application to the Coconino County Sheriff's Office - 911 E. Sawmill Rd., Flagstaff AZ 86001 – Attention: Gerry Blair

1. Name: _____
Last First Mid. Int.
2. Social Security Number: _____ DOB: _____
3. Address: _____
Street - Apt. # City State Zip Code
4. Phone - Home: _____ Office: _____ Cell: _____
5. Driver's License: No. & State: _____ Class: _____
Expiration Date: _____
Is this license currently valid: Yes: _____ No: _____
6. Have you ever been convicted of any felony? Yes: _____ No: _____
If YES explain where, when and disposition: _____
7. Place of Employment & Job Title: _____
Phone Number of Employer: _____
8. Special Skills: _____

9. Hobbies: _____
10. Any equipment that maybe utilized during a response: _____

I certify that all statements made on this form are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this form, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend Community Emergency Response Team Training (CERT) or to be a member of Coconino County CERT. My signature below acknowledges my understanding and agreement with material provided.

Signature

Date